File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

p.1

### FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

2007 OCT 31 AM 7: 21

COMMITTEE NAME (Must be same as on Statement of Organ BRUNER AT — LARGE  IMPORTANT: Indicate by # type of committee you are reporting for:  [1] Statewide/Legislative/Judge Standing for Retention Candidate (2)  [4] County Central Committee (5) County Candidate (B)City Candid Subdivision Candidate (8) County PAC (9) City PAC (10) School B  11] Local Ballot Issue  CANDIDATE COMMITTEES ONLY:	)State PAC ( 3 )State Party ate ( 7 )School Board or Other Political	Comm. #	DISCLOSURE REPORT  Se Use Orly
Candidate Name  NANCY L. BRUNER  Office Sought  AT-LARGE/City of Could Rapids	District (if Senate or House)	Campute	· F
Late reports are subject to possible civil and criminal penalties. Pur  Aucy  SIGNATURE OF PERSON-FILING REPORT	314 396-0579 TELEPHONE	16/	31 07 DATE SIGNED
AM FILING A /11/1/67	REPORT FOR (1) ELECTION // Indicate by #		TION TEAK.
☐ CHECK IF AMENDMENT TO REPORT DATED  ☐ Check if this is final (termination) report and attach Notice o  (You must continue to file reports until a DR-3 is filed.	f Dissolution Form DR-3.	//	s, enter Date of Election  667  committees, enter County in held
STATEMENT OF CASH ON HAND	\		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fin	tal of all funds held by the cash on hand at the end	\$	8
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)		· · · · · · · · · · · · · · · · · · ·
Schedule F: Loans Received total (Attach Schedule			<del></del>
Schedule H: Total Sales of Campaign Property (Atta			<del></del>
(Schedule H applies to Candidates' Comm	nittees Only)		_
	SUB-TOTAL	\$	3, 230,00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule Schedule F: Loan Repayments total (Attach Schedule F: Loan Repayments total Repayments to	(**also see debts and loans below)		3,690.73 -0
CASH ON HAND at the end of this reporting period (if final rep			139.27
**UNPAID BILLS (From Schedule D - Attach Schedule D)			-e
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche			171.60
**OUTSTANDING LOANS (From Schedule F - Attach Schedu	ile F)	\$	-6-
CONSULTANT BREAKDOWN (Schedule G Attached?)			ES X NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ach Schedule H)	\$	6
STATE COMMITTEES: Submit a reconciled campaign account		year.	

For instructions, See Back of Form

# Reset form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (A	fust be same as on Statement of Organization)	
BRUNER	AT-LAR GE	

SCHEDULE	
<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/23/07	ID# CK#	TROY HAMES TR YOU! TAMA STREET MARION IA 52302		\$ 100.00 CASH	
9/2/07	CK#	TERRY & JULIC SCANCE KINTA 1205 PARKVIEW LANG- POBON 303 Ely. IA 52227	Niece husband	100.00 C4#6284	V
9/5/07	CK#	PETER B. Welch 4254 MORENE Rd NE Colar RAPIDS, IR 5 3411 - 66139		* 100.00 Ch 5282	
9/5/07	CK#	Lumir KouBA. 811-193 STNU Cedar Rapids, IA 52405		435.00 Ch#1180	~
9/5/07	ID#	DORENE DELANEY 3525 "H" Are NW Cedar RAPINS, IA 52405		650.00 CK 8432	4
9/5/07	CK#	DIENE SpiceR 3929 "F" Are NW Celal Rapids IA 52405		# 35.00 Ck#9538	4
9/5/01	ID#	BARBARA B. HAMES 2904 LONG BINSS Rd NE Celar Mapids IA 52402		100 00 CL#9939	1
9/5/07	ID#	SCOTT OISON 6467 Queil Ridge DR SW Cedar Repids In 52404		\$50 00 Ch +5403	~
9/4/07	ID# CK#	UNITEMIZER CONTRIBUTIONS		0 10 00 Cas 4	
9/6/07	ID# CK#	DAVID W. Lodge 125 ROCK Ridge Rd NW Ceder RApids IP 52405-		*125-ce Ck*5071	i
		TOTAL (if last page	SUB-TOTAL  of this schedule)	\$70500	

of any relative making a contribution to the

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



Reset Form

For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must	be same as on Statement of Organization)
BRUNER	At-LARGE

<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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9/6/67	ID# CK#	MARLENE A. & Michael J. Cumbridge 7410 Sue LANE NW Celal Rapids IA 52405	_	\$ 135 al Ch #9254	
9/6/07	ID# CK#	ARLUN BERKHOF 1222-15 AVENE, Apr 703 Ceder Rapids, TA 54402-6377	_	135 °C CR *5745	
9/6/01	ID# CK#	ERIC LOND QUIST  2144 GRANDE AND SE  CERR RAPILS, IA 52403	.—	# 3500 Ut 1029	-
97/07	ID# CK#	CONNIC CIARK 108 ROCK VALLEY LN NW Celar RAPINS IA 52405	_	4 50 00 04 0488)	i-
9/1/01	ID#	Neidi BROWN 6910 Spring Grove CT NE CEDAR RAPIDS IA 52411	_	*50 °£ Chi *5350	2-
9/8/07	ID#	Genevieve DAVIS 110 AIWINE CIT HIAWATHA, IA 52233-7901	Sister	150° 00 Ck 1404	-
9/9/01	ID# CK#	Helen B. ARNOID 3840 Bever Avest Cedar Rapids In 52403-4366		200 00 CE +5784	4
9/11/07	ID#	A. JOHN VANdER ZEE 411-10TH STREET SE CEDER RAPINS IN 52403		100 00- CE 2013	-
9/12/01	CK#	Nicole E. Olsow 640 PRAIRIE DRIVE Celez RAPILS, IA 52402		135-00 ck +2373	-
9/12/01	CK#	DAVID E. GRAEFF 51-2972 Are De Seu Cedar RAPINS IA 52404		635-55 Ch 3120	4
	*	TOTAL (if last some	SUB-TOTAL	\$ 995.00	

TOTAL (if last page of this schedule)

Page 2 of 4 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

BRUNCE AT-LAKEL

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FO FUND RAISE
9/3/07	ID# CK#	Renee STUTZMAN 4410 Love TRee Road PALO, ITA 52324		\$3500	INCOM
9/13/01	ID#	TANE PATE 6801 BOWMAN LN NE CERLR RAPIDS, IA 5-2402-1575		450 E	-
9/13/01	CK#	TASON D. BESLER 935 WESTWOOD DR NW CELLE RAPIDS, IA 52405		635-cc Ck+4079	-
9/13/07	ID# CK#	KATHY I POTTS 1118 - 1SE ST. S.W. Coine RApids, IA 5-2404		135 cc Ck#4131	1
9/3/07	ID# CK#	DAVID W. Lodge 225 ROCK R. Bge Rd. NW Center RAp. ds, IA 52005		\$5000 Ch#5080	L-
9/13/07	ID# CK#	Derothy T. GEE 1242 Liten Field DR Hickortha, IA 52233-1352	_	Ch+3543	1
9/13/07	ID# CK#	EMMA A. Nemecek 1689 Bliss Rd Mount lervis, IA 52314-9531		4 50 (1) Ch# 10887	4
9/13/19	CK#	MIKE DULANEY 1307 OAK DR SE CELER RAPIUS, IA 57403-7139		# 5050 Ch +9533	
9/3/17	ID# . CK#	TELLY L. EBAKGH 2915 COMER Ridge DR NE Centre Rapids, IA 32402		450,00 CR #7652	
22/07	CK#	RUTH Eller Kinzey	C'e	" 100 cc Ch 4684	
		TOTAL (if last page o	SUB-TOTAL	\$ 50500	

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Page 3 of 4 (for Schedule A)

For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
(Managara)	
150 1	
BRUNER AT-LARGE	
3.147.21	

Reset Form	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FC
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND RAISE INCOM
91 1	ID#	JOSEPH Elg:N GETTYS 104 STRAT FARE PLACE	any.	-	T
9/22/07	CK#	SAL'S BURY NO 28144-8539	BROTHER	\$100 00 Ch 1940	
61	ID#				<del></del>
9/34/07	CK#	Jeff Ray C. Flg: N 6940 BownAN IN NE Celar Rap & JA 52402		250 E	V
10/. 1	D#	KRaig PAUISEN		450,00	<del> </del>
10/2/07	CK#	1305 CRESS PARKWAY HIRWATHE, IA 50233		CE#5122	4
10/1	ID#	JAMES BRUNER		40 48	<del> </del>
19/01	CK#	2612-315 ST SW	Huslen & L	3000	
	10.0	Celar Rapids. IA 52404		463303	<u> </u>
90/07	ID#	7 Ames BRUNER 2012-315 STSW		20000	<b>-</b>
' '	CK#	Cedan Rapids, IA 5244	Husband	12 33mg	
9/1	ID#			0 00	
0/5/07	CK#	Thmes BRUNCR SW 2612-31 ST ST SW Cidal Empils IA 52404	Hus band	300 00 CK 18314	L
v/ .	ID#				
0/35/17	CK#	MARY LUNIBY		4750	
	D#	MARION, IA 52302 -0648		ch*151.7	<u> </u>
[	10"				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	vo	

TOTAL (if last page of this schedule)

Page # of 4 (for Schedule A)

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FOR INSTRUCTIONS, SEE BACK OF FORM

ETHICS & CAMPAIGN DISCLOSURE BOARD.

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SCHEDULE В MONETARY (Rev. 07/03)

# **EXPENDITURES**

## CHECK THIS BOX IF **AMENDING FORM**

COMMITTEE NAME (Must be same as on Statement of Organization)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE

BRUNER AT-LARGE

DATE	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
91,	ID#	JAME BOWER	STAMES EARL & ENLY how D'LLN	
9/13/07	CK#	TAMES BRUNCH 26.12-3,55 ST SW Cedar RAP. 15 IA 52404	STAMPS, PAPER, ENVELOPES, RILLON SET GRINTUR, TAPE, THANK NOTES	\$ 121.73
	ID#			
	CK#	Used from previous	YARA SigNS	-
	ID#	HAY PAPER FROM	CRANGE PADER USER	
	CK#	PREVIOUS Campaign	CRANGE PAPER USEL- CN parket Sign's	<del></del>
9/ /	ID#	The GAZETTE	0 ; ( )	_
9/29/ 29/1	CK#	500 - 3Rd AK SE CENER PAPINS, IA 52401	Aas in local	1,000 00
101	ID#			
10/01	CK#	CAMBRIDGE STAFFING 610-32 AVE SW	Phoning	1,500 00
101	ID#	Colar Rep. 15 IA 52404		
10/1/07	CK#	Km Ry Am Sellens BROADCAST, AN	Radio Ads	183 00
	ID#	Celas Rapids TA Saroz		
16/07	CK#	KANLY ANSELLES BLOOMERSTING 1957 Ble. 25 SARY RAVE	RAN'A Adis	* 286° =
	ID#	Cedel Rapids IA 52402		
	CK#			
			SUB-TOTAL	

SUB-TOTAL

TOTAL (if last page of this schedule)

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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					IN-KIND	
DATE RECEIVED (MWDDYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
1/3/01	ARIETTE QUINN 105 STONEY POINTRA NW CEDUR PAPILS IN 52405		Ford and Bernager for hundred	\$ 15000		
10/9/07	JAMES DVERSKY 63 JULIU ANN DR NW CEDAR RAJIDS, IA 52405		Absente e Reports From Caulty Auditor	# 2100		

TOTAL (if last page of this schedule)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)